

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		28 Oct 86
1. EXA/DA	Initials	Date
2. DDA	<i>[Signature]</i>	10/28
3. ADDA	<i>[Signature]</i>	28 OCT 1986
4.		
5. <i>ADA Reg</i>		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	
REMARKS		

NOTE: Copies provided to SSA/DDA,
MS/DA & CMS/DA.

Standard annual reassurance on FOIA and
Privacy requests. No significant change
from last year.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.

8041-102

* U.S.G.P.O.: 1983-421-529/320

OPTIONAL FORM 41 (Rev. 7-76)
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